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Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased live a. STATE	d. If institution: Residence before admission) b. COUNTY
	D CITY OR TOWN (If autside corporate lin	mits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate I	imits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION		A STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print)	First Edith	Cantel A BATE OF DEATH	October 28 1959
	S. SEX 6. COLOR OR RACE	WIDOWED DIVORCED	Nec 14 1912	GE (In years st birthday) Months Doys Hours Min.
	during most of working life, even if retire	k done 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME Ba	nd	14. MOTHER'S MAIDEN NAME Margaret /	lest
	1S. WAS DECEASED EVER IN U. S. ARMED FO		John Carper -	Ressurpt Mid.
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	: MANDA BLIDD	& Carcinon	atoms Interval Between ONSES AND DEATH
	Candilions, if ony, which gave rise to immediate DUE T	16) Caremonth	of Cerviny Ute	ri Irps.
	lying couse lost.	(c)	0 0	
0	PAMT II. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		H	D. (Enter nature of injury in Part 1 or Part 11 of	item 18.)
	20c. TIME OF INJURY Manth, Doy, Y Hour o. m. p. m. 19	While Not while fo	ACE OF INJURY (Home, form, 20f. (City or to clary, street, office bldg., etc.)	own) (County) (State)
	21. I certify that I attended the	ne deceased fram. / May	accurred at 3 M, from the	e causes and on the date stated above.
1	ACTUAL SIGNATURE	Eshipley,	ADDRESS (Street, M.D.	city of town, store) DATE SHONED
	PHYSICIAN'S Frank	E. Shilpley	0	/ / /
	220. BURIAL, CREMATION, 22b. DATE THERE	EOF 22c, NAME OF CEMETERY C	Tre Crematory 22d. LOCATION	(City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE	ldean Rausel	240. REC'D BY REGISTRAR NOV 2 '59	246. REGISTRAR'S SIGNATURE C. Ling S. Kraus

may be rest by the haspital ar attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hays after death. offer death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO FUNERAL TO HOSPITAL VS A15 (4) 1SM 10/S7

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VS. A15ME(S) 5M 9/55

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CERTIFICATE OF DEATH 11479 Rea. Dist. No. erol director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN JH outside corporate limits, write RURAL and give nearest town) RURAL and give neapest town) Should d. NAME OF HOSPITAL (If not hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Mate residence" YES INO . = 50 NAME OF DECEASED 3. Middle 4. DATE Last Day Year filled (Type or print) DEATH 195 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys Hours Min. WIDOWED N DIVORCED | popers. yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) bon bon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician Ö move hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address ding ma LINERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] USEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While of work of work 21. I certify that I attended the deceased from that I last saw the deceased detach and that death accurred at. M, fram the causes and on the date stated above. OR ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER Oge 3 st BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR 22d. LOUTION (City, town, or county) CREMATORY (Stote) REMOVAL (Specify) 0 23. FUMERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR SIGNATUR VS A15 (4) 3 '59 2 Thous 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE

TO DEPUT CDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any one is necessary, please execution the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerar director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM2 Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fife pages, and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event page 17. hours after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1140 AEDICAL EXAMINER'S CERTIFICATE OF DEATH 11463

1. PLACE OF DEATH		
e. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission as STATE b. COUNTY
Howard	MARYLAND	o. STATE New York b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Ellicott City		New Rochelle
U.S. Rt. OF TO INTENTION WE	gital, give street eddress)	d. STREET ADDRESS e. IS RESIDEN
Friendship Airport		33 Park Avenue
3. NAME OF Attilio First	Middle	Lest 4. DATE Month Dey Yeer OF
(Type or print)		GALLO DEATH October 31, 1959
5. SEX 6. COLOR OR RACE 7. MARRIE	D X NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HR: lest birthdey) Months Days Hours Miles
Male White WIDOWE	D DIVORCED	May 11, 1932 27 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Landscape Gardener		New York U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Michael Gallo		Carmela Chirchelli
	SOCIAL SECURITY NO. 17. 1	INFORMANT Address New Rochell
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)		
		sto & Paino Funeral Home New York
18. CAUSE OF DEATH [Enter only one cause per li		INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (Multip	le traumatic i	injuries and 3rd degree burns
816 X DUE TO		
Conditions, il eny, which (b)		
gava rise to immediate causa	740000	
(a), staring the underlying		PARTIAL
	TRIBLITING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CON 20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DO CAUSE OF DEATH.	THE STATE OF THE	PERFORMED? YES X NO
208. EXTERNAL CAUSE WAS 206. DESCRI	BE HOW INJURY OCCURED. (I	Enter natura of Injury In Part I or Pert II of item 18.)
PRIMARY OF CONTRIBUTING DE CAUSE OF DEATH.	river in auto-	tractor trailer collision
	NJURY OCCURRED 200. PLA	ACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)
9:45 p.m. 10/31 1959 While at world	Not While fact	Road PARMIAT Ellicott City, Howard, Md.
21. I certify that I took charge of the rem		
death resulted from: Natural causes ,	Accident X. Suic	
dealif leadified from: Italiar causes,	Accident A. Suic	
ACTUAL /////	1/2//	CHIEF MEDICAL EXAMINER
SIGNATURE WILL A	CHE	M.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S William V. Lovit	t, Jr., M.D.	DEPUTY MEDICAL EXAMINER 11/2/59 Addrass (Sireal, city, town, or county)
	22c. NAME OF CEMETERY OF	
Burial 11'6'59	Holy Sepulo	chre Cem. New Rochelle, New York
23. FUNERAL DIRECTOR	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Howard H. Hubbard 410'	7 Wilkens Av	renue DATE NOV 4 '59 Conting & Thomas

MEY 11. 1932 BY U. 8 . A. Neto Wall Land Come Come and Larinela Chirchella Concel Enllo May Rockelle un down Sisto & Edino Funeral Rose Vet York ustrate option will bus successful office but electrics all Add the at the same of the sam A LANGE OF THE STREET, AND A S Burtal 11/6/50 Holy Sepalence Cen. New Lockelle, New Lork Moward F. Eubbard #107 Millions Avenue

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY Page is necessary, Health, b. COUNTY files. Howard New York MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) director, write RURAL end give neerest town) 30 New Rochelle Ellicott City 0 d. STREET ADDRESS Boar NAME OF HOSPITAL OR INSTITUTION (it sot in hospital, give street eddress) . IS RESIDENCE ON A FARM? may be retained State Friendship Airport 33 Park Avenue YES NO TX death. "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furn xaminer's Office along with form PM3. Page 5 may be retaine used as a burial-transit permit. Fila pages 1 and 2 with the State ion, or removal, and in any event within 72 hours after death ion. NAME OF DATE Middle Month Dev Yeer DECEASED OF 59 PATTI GALLO 31. (Type or print) ANN DEATH October 19 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED THEYER MARRIED birthdey) Months Hours Min. Female White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (Stele or foreign countermont | 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even If retired) U. S. A. housewife Burlington. 13. FATHER'S NAME EDICAL EXAMINER: This certificate should be executed within 24 NINDENDI The certificate, writing the word "pending" in pencil in Item 18. Giverwarded to the Chief Medical Examiner's Office along with form L DIRECTOR: Page 3 should be used as a burial-transit permit. File 16. SOCIAL SECURITY NO. 17. INFORMANT ARMED FORCES? Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) no Onlean AU INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), IMMEDIATE CAUSE (a) Multiple traumatic injuries and 3rd degree burns **DUE TO** Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO [20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burial, Passenger in auto-tractor trailer collision 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or lown) (County) (Slele) fectory, street, office bldg., elc.) While Not While Ellicott City. Howard. et work K Road prior t et work PARTTAT. should be forwarded to the PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion agent, Suicide Undetermined manner death resulted from: Natural causes Accident DX Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 11/2/59 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT William V. Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 20 Q40 P BURIA 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Howard H. Hubbard 4107 Wilkens Ave. arthur & Krous DATE NOV 4 5M 7/59

Street Wall 11-7-resolution and a comment Vironita surlington, Wrancan housewife averages out on sector at an experience and the contract of notalifor safient referral-other mi weemeant Sel der and a Road support Black City, Found, 140. Lonard h. Lubbirg 4107 Villens .vo.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11483 CERTIFICATE OF DEATH

Reg. Dist. No. 11465

1. [LACE OF DEATH COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Who	ere deceosed lived. If institution and b. COUNTY	on: Residence Pro Ge	before odmission) corge 's
ľ	c. CITY OR TOWN (If outside corporate limits, wri RURAHand give nearest fown)	3 months		otside corporate limits, write R		e nearest town)
	NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS 8202 Adel			e. IS RESIDENCE ON A FARM?
	Simons Rest Home					YES NO
3.	**************************************		en Sr.	4. DATE Mon OF DEATH Octobe		29, Yeor 19 59
5. 5		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH July 10, 1	9. AGE (In years last birthday) 75 yrs.		YEAR IF UNDER 24 HRS. Dys Hours Min.
10o.	USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Printer	0b. KIND OF BUSINESS OR INDU		or foreign country)	U S	EN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N			
	Thomas Gowen			et Ann Meeham		
15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? no. or unknown)		NFORMANT	Hyattsville,		
TION	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITION	Uremia Nephroscler		NAL DISEASE CONDITION GIV		ONSET AND DEATH 5 days 2 years
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I or Part II of item 18.)		YE5 NO 🔀
- 1	20c. TIME OF INJURY Month, Doy, Year 20c. Hour o. m. Wh		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)		(Cou	
	17.1	ased from 7-2,59, and that death		10-29-, 1959 M, from the causes a DDRESS (Street, city or town,	ind on the	st saw the deceased date stated abave, DATE SIGNED
		hitaker, M.D.	Clark	sville, Md.		10-29-59
	8URIAL, CREMATION, 22b. DATE THEREOF PERMOVAL (Specify) Oct 31, 195 FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OF Fort Lincols ADDRESS	Cemetery	22d. LOCATION (City, town, or Colman Mano BY REGISTRAR 24b. REGIST	""	(State)
	F. Gasch's Sons Hya	ttsville, Mary	land. DATE NO	OV.2 '59 C	ribur S.	Kraus

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		and the second
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TO DEPUTY CEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any one is necessary, many please executed within 24 hours after death. If any one is necessary, many please executions, writing the word "pending" in pencil in term 18. Give Pages 1, 2, and 3 to the furn director. Page 14 should be invented to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page and 2 with the State Board of Health, and its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/S9

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	, MARYLAND
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11406

	L COUNTY HOW	IARD 11484		MARYLAND	e. STATE .	MARYLAND	e daceasad lived, If b. COUN		dence bafore admission)
	ELLICOTT	f outside corporate limits, give peerest town) City Ru	ral c. LENGT	H OF STAY IN 1b	11	OWN (If outside of Ellicott	corporete limits, write	RURAL end g	ive neerest town)
	Route	AL OR INSTITUTION (IF	not in hospitel, give s	treet eddress)	d. STREET AD	Route 4			IS RESIDENCE ON A FARM? YES NO
The state of	NAME OF DECEASED (Type or print)	GEORG	E	M _•	MANNER	4. DAT OF DEA		14 - 14 - 1	10 19 59
S.	Male Male	6. COLOR OR RACE 7			Dec. 13,19	11	9. AGE (In yeers lest birthdey) 47 yrs.	Months De	
do	Farmer	ON (Give kind of work rking lifa, even if retired)	Farmin	INESS OR INDUSTR	Ellicot	t City, M		12. CITIZE	N OF WHAT COUNTRY?
11		e J. Manner				AIDEN NAME T. Madiga	n		
(Ya	s, no, or unkown) (If	R IN U.S. ARMED FORCE yes give werordates of ser	213 – 1	6-6938 Pa	uline C.M	anner,El	Address licott Ci		
	PART I. DEATH 9/2./ Conditions, if any gave rise to immedia (e), steting the ur cause lest.	ata causa	Traumat	cic asphy:					INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	2Da. EXTERNAL CA PRIMARY TO OF COU	USE WAS 20t	. DESCRIBE HOW IN	IJURY OCCURED. (I	Enter neture of injury	in Part I or Pert			PERFORMED? YES NO
MEDICAL	9:45 a.m. 21. I certify th		Whila Not Wat work at work	CURRED 20e. PLA Thile fectork	CE OF INJURY (Hondory, street, office blo	ne, ferm, 20f. ((City or town)	(County	Md.
	death resulted for ACTUAL SIGNATURE	Natural cau	ses []. Accid	ent X. Suic	CHIEF ME	icide, DICAL EXAMINER IT MEDICAL EXA		anner [DATE SIGNED
	EXAMINER'S NAME (Type)	W.	Bradley K	ing, Jr.,	M.D. Addrass (EDICAL EXAMINI	or county)		10/30/59
	BURIAL, CREMATIO REMOVAL (Specify) Burial	11-3-59	22c. NAM	y Redeeme	R CREMATORY	22d. LO	CATION (City, town	Md	(State)
23.	F.C. Higin	bothom, Ellic	eott City,	Md	DA		59 246. REG	Thun S. TC	

i espoil 1.05,11.0 Millaoto Siny, Ma unings Tomas. Manila . Saligan Network Temperature and the second second 31 The trucker branchment, playing his under it 2:15. L. 1-19/30 Sh Light Light Court For Ellington had . 11 removed the removed the state of the state o Bu, rate throwith, refrontiation.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

485	CERTIFICATE	OF DEATH
400	CERTIFICATE	OI DEAILI

Reg. Dist. No. 1467

1. PLACE OF DEATH o. COUNTY		91,59		11	2. USUAL RESIDENCE (V	Where deceased			nce befa	re admiss	ion)
Howard			MARI	'LAND	Maryland		Howa.	rd			
b. CITY OR TOWN RURAL ond give	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	f outside corpo	rote limits, write R	URAL ond	give neo	rest town	1)
Ellicot	t City				× Ellico	ott Cit	y				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital,	give street o	address)		d. STREET ADDRESS	H William	100,000			e. IS RES	FARM?
	ery Road				Mont	tgomery	Road		.		NO 🚺
3. NAME OF DECEASED (Type or print)	WILLIAM	rst	Middle F.	REX	Last	4. DATE OF DEATH	Oct.3		9 Da	'	Year
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗆 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
2502.0		WIDOWE			1-1-1910		lost birthday)	Months	Days	Hours	Min.
Male	White ION (Give kind of work	1				to or foreign co		12 CIT	IZENI OF	WHAT	OUNTRY
during most of wo	rking life, even if retired)	Gasoline	DK IINDUSII	Baltimo		outiny)	12.011	IZEN OF	WHATC	.OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN						
Fre	derick Rex			30.1	Bert	ha Hub	on.				
	ER IN U. S. ARMED FOI	CECO IV	COCIAL CÉCURITY NO	INIT	ORMANT	me Unio	Add				
(Yes, no, or unknown)		service)	4=03=5964		. Mae Scho	ene,Ell					
IR CAUSE OF DE	ATH [Enter only one co			1					LINTE	RVAL BE	TWEEN
	ATH WAS CAUSED BY:								ONS	ET AND	DEATH
11201	IMMEDIATE CAUSE (SHIGHT	- 1-7	BISSEL				116	2 H	1111.
400.1	DUE TO								100	A N	· W.
Conditions, if		1 6	CORONE	1154	THROM	1305	15		2	0 1	
gove rise to cause (a), stating										10,	1125
lying cause lost		AY	27E1210 5	ELEY	20TIC CP	127710 V	MSCULAY	10	5 1296	3.	
PART II. O	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
PART II. O	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury i	n Port I or Port	t II of item 18.)	13.		9.0	
Y 20c. TIME OF INJU	IRY Month, Day, Ye	ar 20d. IN	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fo	rm, 20f. (City	or town)	- (County)		(Stote)
Haur o. m.	10	While	Not while	facta	ry, street, affice bldg., e	etc.)			,,		
		ot wark				-			-		_
21. I certify t	hat I attended the	decease	ed from 10-3		, 1959, to_\	0-51	, 1953	that I la	st saw	the d	eceased
alive an	0-31	, 195	and that	death o	ccurred at 10:10	AM, from	the causes an	d an th	e date	stated	abave
V)						reet, city ar tawn,				E SIGNED
ACTUAL SIGNATURE	.V. Tho	1/2	_	M.	D	9/40	shie k	220	/		
PHYSICIAN'S NAME (Type)	Peter V.	The	1,00 14	D	E.	11110	7/ 6.7	<u>'</u>	/	12/	
22o. BURIAL, CREMATI REMOVAL (Specify		OF .	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCAT	TION (City, town,	or county)		(Stot	e)
Burial	11-3-5	9	St. Johns	Luth	eran	Pfief	fers Cor	mer.	fd.		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24g. RE	C'D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
F.C. Higin	bothom, Elli	cott	City.Md		DATE	NOV 3 '5	59 (1.	Tl. a	4		

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours dear death. by the haspital ar attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

Her death. Page 4

TO HOSPITAL May be retained to 12 (4) TAMES OF SUPPLIED OF DEALER - Hookele

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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